



**United Way**

Central Coast Community Chest

*Give where you live*

**SUBMISSION FOR FUNDING**



**UnitedWay**  
Central Coast Community Chest  
*Give where you live*

**ALLOCATION SUBMISSION  
FOR FUNDING**

**Date:** .....

Name of Organisation.....

Project:.....

Cost \$ ..... (Quotes to be attached)      Allocation Request: \$ .....

Details of Project.

.....  
.....  
.....

**Who will benefit? Please tick all appropriate boxes.**

Group/Service	Welfare	Health	Development	Education	Recreation
Children					
Youth					
Family					
Women					
Men					
Aged					
Disabled					
Community					

How many people will benefit? .....

Will project proceed without Community Chest Funding? Please Circle... Yes / No / Part

Benefit Area:    Gosford LGA       Wyong LGA       CC Region  

Total previous Community Chest Funding received \$..... (CCCC can supply)

Have you applied elsewhere for this Project? .....

.....

Contact Name:.....Position.....

Address:.....

Phone No: ..... Mobile.....

Fax No.....Email Address:.....

Attachments: Quote     Current Financials     Annual Report.



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Central Coast Community Chest

*Give where you live*

**ANNUAL DATA**

**In the last 12 months –**

(Please note page references if information contained in your Annual report)

Fundraising Activities: Page Number/s  .....

.....

.....

Gross Revenue ..... Cost of Fundraising .....

Details of other funding or Grants you have applied for & outcomes ( tick,cross,pending)

.....

.....

.....

**The Allocation Committee will note the following:**

- ◆ Focus areas include children, youth, aged, disabilities, family, health.
- ◆ Must benefit the Central Coast community.
- ◆ Demonstrated community benefit outcome for previous funding.
- ◆ Recognition of donors and volunteers.
- ◆ Funding is for a project or item, not general running costs.
- ◆ Benefit is for a 12 month period or more
- ◆ Quote provided for items or project.
- ◆ Acknowledgment previous Community Chest funding

Low priority will be given to applications which:

- ◆ Include expenses for overheads and administration
- ◆ Fund buildings, general deficits, capital reserves.

\* Please attach details of any changes to your board or organisation. A copy of the previous details is available on request.

**This Deed of Adherence must be completed by organisations applying to the Central Coast Community Chest for funding. Successful Community Partners must comply with conditions.**

**This Deed of Adherence** was made on the .....day of .....20...

Name of Organisation .....

ABN: .....

Address: .....  
.....

This deed witnesses as follows:

1. The Beneficiary wishes to apply for funding from Central Coast Community Chest as an Approved Beneficiary.
2. The Beneficiary will comply with the policies and procedures of Central Coast Community Chest, as amended from time to time, relating to applications for funding.
3. The Beneficiary will comply with the terms and conditions stipulated by Central Coast Community Chest, for the application and disbursement of funds provided by Central Coast Community Chest.
4. The Beneficiary will at all times conduct its activity according to its constitution, will maintain appropriate fiduciary and accountability mechanisms to the satisfaction of Central Coast Community Chest; and will promptly inform Central Coast Community Chest of any changes to its constitution or other governing documents.
5. The Beneficiary will conduct its activity in compliance with all applicable Commonwealth and State Laws.
6. The Beneficiary warrants that it has no knowledge of any claim before the Human Rights Commission on any matter.
7. The Beneficiary will provide such assistance and co-operation as may reasonably be requested by Central Coast Community Chest in connection with visits, publications and presentations relating to Central Coast Community Chest, and the disbursement of any funds that may be provided to the Beneficiary by Central Coast Community Chest from time to time.
8. The Beneficiary will provide assistance to the Central Coast Community Chest for one fund raising event throughout the allocated year, **or**
9. The Beneficiary will use its best endeavors to obtain permission for Central Coast Community Chest to use client's photographs, films, videos and other publicity material and will provide copies of signed authorizations in this regard to Central Coast Community Chest.
10. The Beneficiary will permit Central Coast Community Chest to contact directly other funding bodies providing funds to the Beneficiary for the purpose of verifying the application of those funds.
11. The Beneficiary will not conduct direct payroll deduction fundraising on the Central Coast while it is receiving funding from Central Coast Community Chest.
12. The Beneficiary will acknowledge the funding support of Central Coast Community Chest in its Annual Report in respect of any financial period in which funding has been provided and in all materials produced as a result of Central Coast Community Chest.
13. At the conclusion of the project the Beneficiary will submit a report of up to 500 words and sign the Statutory Declaration as to how the funds from Central Coast Community Chest were used.

Signed for and on behalf of [insert beneficiary].....

by its representative.....

in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date